

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000503535

Entity Name: WOODLING ORAL SURGERY PLLC

Current Principal Place of Business:

4220 VALLEY RIDGE BLVD
STE 102
PONTE VEDRA, FL 32081

Current Mailing Address:

4220 VALLEY RIDGE BLVD
STE 102
PONTE VEDRA, FL 32081 US

FEI Number: 87-3773831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, CHRISTINE M
1515 RIVERSIDE AVE., STE. A
JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WOODLING, TYLER DMD
Address 1422 LAKEWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TYLER WOODLING

OWNER

01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date